SKANEATELES CENTRAL SCHOOL DISTRICT ATHLETIC DEPARTMENT

Stephen J. Musso, Director of SWAA (smusso@skanschools.org)

DeAnn Sears, Athletic Coordinator (dsears@skanschools.org)

SKANEATELES HIGH SCHOOL 49 EAST ELIZABETH STREET SKANEATELES NEW YORK 13152

Phone (315) 291-2236 Fax (315) 291-2229 www.skanschools.org

PAYMENT REQUESTED BY:	* Please complete retired sec	ction at bottom, if applicab	<u>le</u> .
NAME:			
PHONE:			
ADDRESS:			
CITY:			ZIP:
SOCIAL SECURITY NUMBER:	:		
DATE OF CONTEST:			
SPORT:			
OPPONENT:			
GENDER: MALE	FEMALE		
LEVEL: MODIFIED	JV VAR	SITY	
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PAYMENT REQUESTED			
CONTEST FEE(S) (Please See Other Pag	e) \$		2855 8 510 400
		_	2000 0 010 100
5 TH QUARTER Yes - or -	No L		
TOTAL FEES	\$		
		DAT	E:
OFFICIAL'S SIGNATURE			
APPROVED: Stephen J. Musso, Direct	otor of SWAA	DAT	E:
Stephen J. Musso, Direc	tor or SWAA		
*Claimant must complete this section	on if retired from a New	York State pension s	ystem.
Retired From: NYSTRS NYS		-	
NYCBOE □ NYC	ERS□ NYCPPF□	NYCFDP □	